

**2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P93000038992

**Entity Name:** OPA LOCKA - PARK CITY, INC.

**Current Principal Place of Business:**

C/O OPA LOCKA CDC  
490 OPA LOCKA BLVD., SUITE20  
OPA LOCKA, FL 33054

**Current Mailing Address:**

C/O OPA LOCKA CDC  
490 OPA LOCKA BLVD., SUITE20  
OPA LOCKA, FL 33054 US

**FEI Number:** 65-0421308

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

OPA-LOCKA COMMUNITY DEVELOPMENT CORPORATION  
C/O OPA LOCKA CDC  
490 OPA LOCKA BLVD., SUITE20  
OPA LOCKA, FL 33054 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** STEPHANIE WILLIAMS-BALDWIN

02/23/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	VP
Name	LOGAN, WILLIE FJR	Name	WILLIAMS-BALDWIN, STEPHANIE
Address	490 OPA-LOCKA BOULEVARD	Address	490 OPA-LOCKA BOULEVARD
City-State-Zip:	OPA-LOCKA FL 33054	City-State-Zip:	OPA-LOCKA FL 33054

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEPHANIE WILLIAMS-BALDWIN

VP

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date